

## TEMPORARY EVENT FOOD SERVICE VENDOR APPLICATION

Gallatin City County Health Department  
Environmental Health Services  
311 W. Main, Room 108  
Bozeman MT 59715  
TEL: (406) 582-3120 FAX: (406) 582-3128

Name of Event \_\_\_\_\_  
Date and Time of Event \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Day Telephone \_\_\_\_\_  
Person in Charge of Booth \_\_\_\_\_

Is your organization non-profit? Yes \_\_\_\_\_ No \_\_\_\_\_

**If YES** You are exempt from licensing requirements. You must still complete the vendor application.

**If NO** You must submit a copy of a current Montana department of Public Health and Human Services Food Service License with a catering endorsement (F10) or mobile food service endorsement (F7) with this completed application.

**OR** A temporary Food Establishment License is required. Please submit one of the following licensing fees with this completed application. **Make check payable to MDPHHS.**

.. \$60.00	Establishments with 2 or fewer employees working at any one time.	<b>Office use Only:</b> .. Cash _____ .. Check # _____ Receipt # _____
.. \$75.00	Establishments with 3 or more employees working at any one time.	

Please fill in event information on the following chart.

**List each event you will be participating at on a separate line.**

Name and location of Event	Date(s) of Event	Start time of event	A, B, C, D from chart below
1.			
2.			
3.			
4.			
5.			

**Food categories. Use this chart to complete the 4<sup>th</sup> column above** (use every category that applies).

- A. Selling prepackaged snacks (chips, candy, gum, nuts), ice cream novelties, whole fruits, canned or bottled soda/water/juice, bulk nuts, dispensed soda, etc.
- B. Selling fruit cups, unwrapped bakery, unwrapped desserts, scooped ice cream without toppings, etc.
- C. **Making** cotton candy, lemonade, sno-cones, soft-serve ice cream, fruit cups, popcorn, sundaes, floats, cakes, pastries, cookies, funnel cakes, fritters, donuts, espresso, cappuccino, tea, fruit juice, smoothies, confections, roasted nuts, coffee, kettle corn, etc.

D. Selling potentially hazardous foods ie, chicken, ribs, sandwiches, roasted corn, baked potatoes, hamburgers, hot dogs, brats, tacos, etc.

List food items below and check preparation site (Check all that apply).

Note: **No food preparation may be done at home. All food must be prepared in an approved licensed kitchen.**

Menu items. Do not include canned bottled beverages or prepackaged snacks	Prepared at event site	Prepared off site	Gallatin City County Health Dept. Notes

If you need more spaces attach a sheet of paper.

Name and address for licensed commissary kitchen? \_\_\_\_\_

MDPHHS Food License # of commissary kitchen. \_\_\_\_\_

Food Equipment to be used to maintain temperature control during operation time. Circle all that apply.			Materials used for booth construction (circle)		
<b><u>Hot holding</u></b> Steam table Oven Charcoal grill Gas grill Steamers Stove Hot holding case Other	<b><u>Reheating or cooking</u></b> Oven Charcoal grill Gas grill Stove Fryers Other:	<b><u>Cold holding</u></b> Refrigerator/freezer Refrigerated truck Dry ice Drained ice Other	<b><u>Walls</u></b> Wood Canvas Plastic sheets Plastic screen Other	<b><u>Floors</u></b> Wood racks, Plywood, Shredded bark, Concrete, Asphalt Other:	<b><u>Overhead covering (describe)</u></b>

List other equipment (i.e. sinks/tables) to be used. \_\_\_\_\_

List areas of booth that will be screened. \_\_\_\_\_

What will you be using to wash utensils? \_\_\_\_\_

What will you be using for handwashing? \_\_\_\_\_

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from GCCHD may nullify final approval.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date